

HEARTLAND HEALTH CARE CTR-SHAWANO

1436 S LINCOLN ST

SHAWANO

54166

Phone:(715) 526-6111

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 100

Total Licensed Bed Capacity (12/31/04): 100

Number of Residents on 12/31/04: 92

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 89

Corporation

Skilled

No

Yes

Yes

89

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		57.6
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		38.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	8.7	More Than 4 Years		4.3
Day Services	Yes	Mental Illness (Org./Psy)	28.3	65 - 74	10.9			-----
Respite Care	Yes	Mental Illness (Other)	1.1	75 - 84	25.0			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	44.6	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.9	Full-Time Equivalent		
Congregate Meals	No	Cancer	5.4		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	6.5		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	19.6	65 & Over	91.3	-----		
Transportation	No	Cerebrovascular	15.2		-----	RNs		9.8
Referral Service	No	Diabetes	1.1	Gender	%	LPNs		4.7
Other Services	Yes	Respiratory	5.4		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	17.4	Male	27.2	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	72.8			40.8
Provide Day Programming for			100.0		-----	-----		
Developmentally Disabled	No				100.0	-----		

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total Resi- dents	% Of All
	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)		
Int. Skilled Care	0	0.0	0	2	4.3	129	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.2
Skilled Care	17	100.0	375	44	95.7	112	4	100.0	116	20	100.0	156	0	0.0	0	5	100.0	147	90	97.8
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	17	100.0		46	100.0		4	100.0		20	100.0		0	0.0		5	100.0		92	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	2.5	Bathing	0.0	89.1	10.9	92
Private Home/With Home Health	1.3	Dressing	5.4	87.0	7.6	92
Other Nursing Homes	0.9	Transferring	13.0	75.0	12.0	92
Acute Care Hospitals	91.5	Toilet Use	8.7	79.3	12.0	92
Psych. Hosp.-MR/DD Facilities	0.0	Eating	60.9	34.8	4.3	92
Rehabilitation Hospitals	0.0	*****				
Other Locations	3.8	Continence		%	Special Treatments	%
Total Number of Admissions	318	Indwelling Or External Catheter	7.6	Receiving Respiratory Care		5.4
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	22.8	Receiving Tracheostomy Care		0.0
Private Home/No Home Health	53.2	Occ/Freq. Incontinent of Bowel	10.9	Receiving Suctioning		0.0
Private Home/With Home Health	5.5			Receiving Ostomy Care		2.2
Other Nursing Homes	3.2	Mobility		Receiving Tube Feeding		1.1
Acute Care Hospitals	19.4	Physically Restrained	2.2	Receiving Mechanically Altered Diets		25.0
Psych. Hosp.-MR/DD Facilities	0.0			Other Resident Characteristics		
Rehabilitation Hospitals	0.0	Skin Care		Have Advance Directives		41.3
Other Locations	4.8	With Pressure Sores	8.7	Medications		
Deaths	13.9	With Rashes	10.9	Receiving Psychoactive Drugs		25.0
Total Number of Discharges (Including Deaths)	310					

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	84.5	81.9	1.03	86.1	0.98	85.9	0.98	88.8	0.95
Current Residents from In-County	87.0	72.8	1.19	80.1	1.09	75.1	1.16	77.4	1.12
Admissions from In-County, Still Residing	14.5	18.7	0.78	19.9	0.73	20.5	0.71	19.4	0.75
Admissions/Average Daily Census	357.3	151.4	2.36	143.3	2.49	132.0	2.71	146.5	2.44
Discharges/Average Daily Census	348.3	151.2	2.30	144.8	2.41	131.4	2.65	148.0	2.35
Discharges To Private Residence/Average Daily Census	204.5	74.0	2.76	69.4	2.94	61.0	3.35	66.9	3.06
Residents Receiving Skilled Care	100	95.3	1.05	95.9	1.04	95.8	1.04	89.9	1.11
Residents Aged 65 and Older	91.3	94.3	0.97	93.5	0.98	93.2	0.98	87.9	1.04
Title 19 (Medicaid) Funded Residents	50.0	71.9	0.70	71.5	0.70	70.0	0.71	66.1	0.76
Private Pay Funded Residents	21.7	16.7	1.30	16.3	1.33	18.5	1.18	20.6	1.06
Developmentally Disabled Residents	0.0	0.6	0.00	0.7	0.00	0.6	0.00	6.0	0.00
Mentally Ill Residents	29.3	29.5	0.99	32.1	0.91	36.6	0.80	33.6	0.87
General Medical Service Residents	17.4	23.5	0.74	21.4	0.81	19.7	0.88	21.1	0.83
Impaired ADL (Mean)	46.1	46.4	0.99	48.7	0.95	47.6	0.97	49.4	0.93
Psychological Problems	25.0	54.5	0.46	55.2	0.45	57.1	0.44	57.7	0.43
Nursing Care Required (Mean)	6.7	7.4	0.90	7.9	0.85	7.3	0.91	7.4	0.90